

VIRGINIA EMPLOYMENT COMMISSION

MEMORANDUM TO:

DATE 11/21/2007

Florida <u>X</u>	North Carolina <u>X</u>	Kentucky <u>X</u>	Pennsylvania <u>X</u>
Texas <u>X</u>	South Carolina <u>X</u>	West Va. <u>X</u>	Maryland <u>X</u>
Georgia <u>X</u>	Puerto Rico <u>X</u>	Delaware <u>X</u>	Other <u>Alabama</u>

FROM: Rural Services Manager  
Virginia Employment Commission  
P. O. Box 1358  
Richmond, Virginia 23211

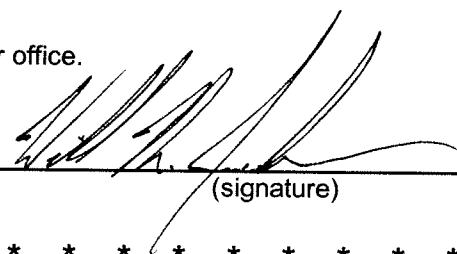
SUBJECT: Request for Extension of Clearance Order No. VA7103910, 9670

Extension is requested for the 1 cop(ies) of the order which is/are attached,

dated 11/15/2007 for 15 Farmworker, General 45209202  
(No. of Openings) (Occupational Title and Code)

to be sent to the offices of your choice.

COMMENTS: Please indicate below the action taken by your office.

  
\_\_\_\_\_  
(signature)

\* \* \* \* \*

DATE \_\_\_\_\_

The above request has been reviewed and action taken as indicated below:

ACCEPTED \_\_\_\_\_ Location(s) to which extend:

REJECTED \_\_\_\_\_ Reason for Rejection: \_\_\_\_\_

COMMENTS:

Number of additional copies required. \_\_\_\_\_

\_\_\_\_\_  
(signature)

**Agricultural and Food Processing Clearing Order**  
**Pedido de Empleados para Agricultura y Procesamiento de Alimentos**

**U.S. Department of Labor**  
**Employment and Training Administration**



O.M.B. Approval No. 1205-0134, Expires 08/31/2009

1. Employer's Name and Address (Number, Street, City, State, Zip Code, and telephone number) Nombre y Dirección del Empleador (Número, calle, ciudad, código postal y teléfono) R. Hart Hudson Farms 338 Tobacco Lane, South Hill, VA 23970	Industry Code / Código de Industria <b>0132</b>	Job Order # / No. Orden de Empleo <b>9670</b>
	Occupational Title and Code / Título Ocupacional y Código <b>45209202</b>	
	Clearance Order Issue Date / Fecha de Tramite: <b>11/15/2007</b>	
2. Location and Direction to Work Site / Dirección del lugar de trabajo Location: 338 Tobacco Lane, South Hill, VA 23970 Directions from So. Hill, take So. Hill Ave. from US/1 (Danville St), follow So. Hill Ave. to State Rd. 903 (Goodes Ferry Rd.) approximately (3) miles, turn right onto State Rd. 773 (Tobacco Lane). Go to Sign "R. Hart Hudson Farms" on the right. Office is located at the back of the house  (see attachment / para más detalles vea _____)	Job Order Expiration Date / Fecha de expiración: <b>5/2/2008</b>	
	6. Anticipated Period of Employment / Periodo Anticipado de Empleo From/ Desde: <b>01-03-08</b> To / Hasta <b>11-01-08</b>	
	7. No. of Worker's Requested / No. de Trabajadores Pedidos <b>15</b>	
3. Location and Description of Housing / Dirección y Descripción de la Vivienda  Location: 338 Tobacco Ln., So. Hill, VA 23970. Miles creek Camp- Capacity 35, barracks type, wood and block building. Home camp -Capacity 16, barracks type, wood and block building. Type of family, single nonmarried. Gas heat, electricity and housing supplied at no cost to worker who is unable to return to their place of residence the same day. Housing will be clean and in compliance with ETACFR 564 Housing Standards. Worker will be responsible for maintaining housing in a neat and clean manner. Reasonable repair cost of damage other than normal wear and tear will be deducted from earnings of workers who are found responsible for damage to housing and furnishings. (see Item 1, block 3, page 1) (see attachment / para más detalles vea 1)	8. Anticipated Hours of Work per Week / Horas Anticipadas de Trabajo por Semena Total: <b>40</b> Sunday / Domingo _____ Wednesday / Miercoles <b>8</b> Monday / Lunes <b>8</b> Thursday / Jueves <b>8</b> Tuesday / Martes <b>8</b> Friday / Viernes <b>8</b> Saturday / Sabado _____	
	9. Collect Calls Accepted/Se Aceptan Llamadas a Cobrar: Employer / El Empleador Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Local Office/Oficina Local Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	4. Board Arrangements / Arreglo de Alojamiento Worker will purchase ingredients and prepare own meals. Employer will furnish convenient cooking and kitchen facilities so that worker may prepare own meals. Cooking and serving utensils are include at no cost to the worker. Employer will provide transportation to assure worker access to stores where they can purchase groceries.  (see attachment / para más detalles vea _____)	
5. Referral Instructions / Instrucciones para el Referimiento de Candidatos The referral under this job order is to be made to the South Hill office of the Virginia Employment Commission utilizing the America's Job Bank for out of state referrals. The address of that office is Virginia Employment Commission, P.O. Box 485, 910 Mecklenburg Ave. South Hill, VA 23970 Phone (434) 447-8700.  (see attachment / para más detalles vea _____)		
10. Job Specifications / Descripción del Trabajo [Summary of Material Job Specifications in ENGLISH must be included inside this box] To prepare greenhouses by replacing plastic flooring, cleaning and seeding trays, applying fertilizer and pesticides, monitor and maintain temperatures according to plant growth. Cultivate fields, bed rows, and plant tobacco. Remove tops and suckers from plants by hand. Mature leaves will be harvested, transported and placed in tobacco barns, when cured, worker will remove tobacco and bail, the tobacco will be transported to the warehouse. Worker may be required to work in periods of light rain and will be provided with rain gear at no cost. Worker should be in good physical condition, able to stand for long periods of time, considerable stooping and kneeling are required, worker should have no allergies to noxious plants or insect control sprays. Worker may be required to work in temperature ranges from slightly below 30 degrees and slightly above 100 degrees. Job duties may change back and forth depending upon stages and conditions of the crop.  (see attachment / para más detalles vea _____)		
10 a. Descripción del Trabajo / Job Specifications [Summary of Material Job Specifications in SPANISH must be included inside this box]		

(see attachment / para más detalles vea R11111)

## 11. Wage Rates, Special Pay Information and Deductions / Tarifa de Pago, Información Sobre Pagos Especiales y Deducciones (Rebajas)

Crop Activities / Cultivos	Hourly Wage Salario por Hora	Piece Rate / Unit(s) Pago por Pieza / Unidad(es)	Special Pay (bonus, etc.) Pagos Especiales (Bono, ect.)	Deductions / Deducciones	YES SI	NO	Pay Period Periodo de Pago
Tobacco	\$ 9.02	\$ N/A	N/A	Social	x		Weekly / Semanal
	\$	\$		Federal Tax Impuestos Federales	x		
	\$	\$		State Tax Impuestos Estatales	x		Bi-weekly / cada 2 sem.
	\$	\$		Meals (comidas)		x	
	\$	\$		Other (specify)/ Otro		x	Other / Otro

## More Details About the Pay/Más Detalles Sobre el Pago

The current Adverse Effect Wage Rate (AEWR) of \$ 9.02 per hr. or the AEWR in effect at the time work is performed, the prevailing hourly rate, or the legal Federal or State Minimum Wage Rate, whichever is highest is guaranteed to all workers. In the event the U.S. Department of Labor promulgates a new AEWR during the recruitment or work contract period that is lower than the current AEWR at the time is a prevailing hourly wage that is higher than the AEWR. ( see item 2, block 11, page 2)

(see attachment / para más detalles vea 2)

## 12. Transportation Arrangements / Arreglos de Transportación (Please explain)

The employer does not advance transportation or subsistence pay from place of recruitment to place of employment.

The employer will reimburse worker upon completion of 50% of the work contract for transportation and daily subsistence ( not less than \$ 9.52 per day) from the place from which the worker , without intervening employment will come to work for the employer. In addition, those workers paying such transportation and subsistence expenses and who are terminated by the employer as a result of an Act of God ( an Act of God shall mean any frost, hail, stones, flood or natural calamity of such character as to make further fulfillment of this contract possible), and the RA certifies or as a result of mutual agreement by worker and employer shall be reimbursed the same. ( see item 3, block 12, page 3.)

(see attachment / para más detalles vea 3)

13. Is it the prevailing practice to use Farm Labor Contractors (FLC) to recruit, supervise, transport, house, or pay workers for this (these) crop activity(ies)? Es la costumbre en el area de usar Contratistas Agricolas para reclutar, supervisar, transportar, dar vivienda, o pagarle a los trabajadores en este/estos tipo(s) de cosecha(s)/sembrado(s)? Yes/Si ☐ No ☒ If you have checked yes, what is the FLC wage for each activity?/Si contesto "Si," cual es el salario que le paga al Contratista Agrícola para cada actividad?

14. Unemployment Insurance provided / Seguro por Desempleo:

Yes ☐ No ☒

15. Workers' compensation insurance provided / Indemnización por accidente de trabajo:

Yes ☒ No ☐

16. Are tools provided at no charge to the workers? / ¿Se le proveen las herramientas de trabajo a los trabajadores sin cargo alguno?

Yes ☒ No ☐

17. List any arrangements which have been made with establishment owners or agents for the payment of a commission or other benefits for sales made to workers. (If there are no such arrangements, enter "None")/Indique todo acuerdo o convenio con los propietarios del establecimiento o sus representantes con respecto al pago de una comisión u otros beneficios por ventas hechas a los trabajadores. (Si no hay ningún acuerdo o convenio, indique "Ninguno")

None

18. List any strike, work stoppage, slowdown, or interruption of operation by the employees at the place where the workers will be employed. (If there are no such incidents, enter "None")/ Enumere todo huelga, paro o interrupción de las operaciones por parte de los empleados en el lugar de empleo. (Si no hay, indique "Ninguno")

None

19. Address of Order Holding Office (include Telephone number)/Dirección de la Oficina donde se Radicó la Oferta (incluya número de teléfono)

Virginia Employment Commission

P O Box 485

910 North Mecklenburg Ave.

South Hill, VA 23970

Phone 434-447-8700

20. Name of Local Office Representative (include direct dial telephone number) / Nombre del Representante de la Oficina Local (Incluya numero de telefono)

Ms Eve Bagley

Phone 434-447-8700

21. Employer's Certification: This job order describes the actual terms and conditions of the employment being offered by me and contains all the material terms and conditions of the job. Certificación del Empleador: Esta orden de trabajo describe los términos y condiciones de trabajo y contiene todos los materiales, terminus, y condiciones ofrecidos.

Employer's Signature &amp; Title/ Firma y Título del Empleador

R. Hart Hudson Owner/President

READ CAREFULLY: In view of the statutorily established basic function of the Employment Service as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the ETA nor the State agencies are guarantors of the accuracy or truth-fullness of information contained on job orders submitted by employers. Nor does any job order accepted or recruited upon by the One-Stop Career Center constitute a contractual job offer to which the One-Stop Career Center, ETA or a State agency is in any way a party.

LEASE CUIDADOSAMENTE: En vista de su función básica establecida estatutariamente el Servicio de Empleo es un intercambio gratis de trabajo para juntar a los empleadores y trabajadores que buscan empleo, ni ETA ni las agencias del estado pueden garantizar la verdad y certeza de la información contenida en la Orden de Trabajo sometida por el Empleador. Tampoco, ninguna orden de trabajo aceptada o reclutada por el Servicio de Empleos constituye una oferta contractual de la cual ETA ni la agencia del Estado son parte

Public reporting burden for the ETA Form 790 is estimated to be approximately 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection. Respondents obligation to reply to these requirements are mandatory by 20 CFR 653.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing the burden can be sent to the U.S. Department of Labor, Office of Workforce Investment, Room S-4321, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0134).

WAGE RATE, SPECIAL PAY INFORMATION AND DEDUCTIONS

The employer guarantees to offer employment for a minimum of three quarters (3/4) of the workdays of the total specified period during which the work contract and all extensions thereof are in effect beginning with the first workday after workers' arrival at the place of employment and ending on the expiration date specified in the work contract or extensions thereof. In Act of God terminations, the three quarters (3/4) guarantee period ends on the date of termination. The worker is not required to work more than eight (8) hours per day except when otherwise stated in the job order or on the worker's Sabbath or federal holiday to meet the guarantee period. The employer guarantees the worker the amount the worker would have earned had the worker in fact worked for the guaranteed number of days.

Payroll periods will be weekly.

The employer will provide worker who is referred through the Interstate Clearance System forty (40) hours of work for the week beginning with the anticipated date of need by notifying the Local Office no later than ten (10) days before the date of need. If the employer fails to notify the order holding office, then the employer shall pay an eligible worker who is referred through the Clearance System \$9.02 per hour for the first week starting with the originally anticipated date of need. The employer will require the worker to perform alternative work if the guarantee cited in this section is involved. The alternative work and pay will be \$9.02 per hour preparing barns, drainage of fields, preparing land for planting and other work related to growing tobacco and operating a farm. If worker who is referred fails to notify the order holding office of continued interest in the job at least five (5) days before the date of need, worker will be disqualified from the above-mentioned assurance.

The employer will make the following deductions: FICA (X) Federal Taxes (X) State Taxes (X) Advances ( ) Meals ( ) Willful destruction of property (X)

Eight (8) hours per day is normal. The worker may be requested but not required to work more hours per day and/or on the Sabbath depending upon conditions in the fields. The employer will designate time for lunch and breaks. Worker may be requested to work Saturday and Sunday during peak tobacco harvest but not required. This requirement pertains to both alien and U.S. workers (as per instructions in H2A Program Information Booklet.)

TRANSPORTATION:

All payment aforesaid shall be due on a day no later than the first day subsequent to the completion of the minimum employment period. In case of termination as a result of an Act of God, the employer will also provide or pay the cost of return transportation and subsistence enroute from place of employment to the place of recruitment, except when the worker is not returning to the place of recruitment and has subsequent employment with an employer who will bear transportation expenses.

If the worker completes his contract, the employer will provide or pay the cost of return transportation and subsistence enroute from the place of recruitment except when the worker is not returning to the place of recruitment, and has subsequent employment with an employer who will bear transportation expenses.

If the worker voluntarily abandons his employment or is terminated for cause prior to completion of his contract, the employer will not be responsible for providing or paying the cost of return transportation and subsistence enroute from the place of recruitment. All transportation provided by the employer will be by common carrier or other transportation facilities that conform to applicable regulations of the Interstate Commerce Commission. The employer will provide worker transportation from the living quarters to the work site and back each day at no cost to the worker.

OTHER CONDITIONS OF EMPLOYMENT:

Termination: The employer may terminate the worker with notification to the Employment Service Local Office if the worker (a) refuses without justified cause to perform work for which the worker was recruited and hired or (b) commits serious acts of misconduct.

In the event of termination resulting from an Act of God, the employer will provide or pay reasonable cost of return transportation and subsistence to the place of recruitment and reimburse worker for reasonable costs of transportation and subsistence incurred by the worker to the place of employment.

Training: The only work standards required of any alien or U.S. worker will be after a three (3) day training period each worker possess the physical capabilities to work in the production of tobacco.

Injuries: Worker will be covered by Workers Compensation Insurance or equivalent employer provided insurance for injuries arising out of and in the course of employment. Employer's proof of insurance coverage will be provided to the Regional Administrator before certification is granted.

## OTHER CONDITION OF EMPLOYMENT

Page 4

Tools, Supplies and Equipment: Employer will provide without charge all tools, supplies and equipment to the worker.

Employer Obligation if Employment is Extended: No extension of employment beyond the period of employment specified in the job order shall relieve the employer from paying the wages already earned, or if specified in the job order as a term of employment, providing transportation or paying return transportation expenses to the worker.

Employer Notification of Changes in Employment Terms and Conditions: Employer will expeditiously notify the Order Holding Office or State Agency by telephone immediately upon learning that a crop is maturing earlier or later, or weather conditions, over recruitment or other factors have changed the terms and conditions of employment.

Outreach Workers: Outreach workers shall have reasonable access to the worker in the conduct of outreach activities. The employer agrees to comply by all assurances of CFR 653.107, 20 CFR 653.501 and 20 CFR 655.103.

Work Agreement: The employer will provide a copy of the contract or Job Clearance Order to the worker no later than the day the work commences.

Wage Statements: Employer will furnish the worker on or before each pay period written statements showing the hours actually worked by the worker, the worker's hourly rate of pay, the hours of employment offered including those above the guarantee and total earnings for the pay period. All deductions will be itemized.

Other: Worker must have necessary documents to complete INS Form I-9 upon hiring but not prior to the interview. Workers will have up to three (3) days from date of hire to provide I-9 documents.

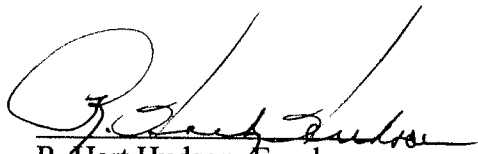
The employer's anticipated work force equals nineteen (19) workers.

## REQUEST FOR CONDITIONAL ENTRY INTO CLEARANCE SYSTEM

I, R. Hart Hudson, hereby request permission for conditional entry into the intrastate/interstate Clearance System so that my job order can be transmitted to labor supply states in a timely manner to facilitate the recruitment of workers.

As a condition to placing my order into Clearance System, I certify that thirty (30) days prior to occupancy my housing will meet standards of the U. S. Department of Labor. I also authorize representatives of the Virginia Employment Service, the Virginia Health Department and/or the U. S. Employment and Training Administration to inspect the housing that I am offering such workers at any reasonable time to verify its condition.

I expect my housing to be occupied by January 3, 2008



R. Hart Hudson, Employer

Date: October 26, 2007



Agency Virginia Employment Comm Agencia Estatal Vo. Employment Commission

SUMMARY OF EMPLOYMENT CONDITIONS SPECIFIED ON JOB ORDER					SUMARIO DE LAS CONDICIONES DE EMPLEO QUE SON ESPECIFICADAS EN LA ORDEN DE TRABAJO			
Order Number: <u>7103910</u>					1. Numero de la Orden: <u>7103910</u>			
2. Name of Employer: <u>R. Hart Hudson Farm</u>					2. Nombre del Empleador: <u>R. HART HUDSON FARM</u>			
3. Location of Employer and Directions: <u>338 Tobacco lane</u> <u>SH to U.S. #1 to left on Goodes Ferry</u> <u>903) to Right on 773</u> <u>office behind house</u>					3. Lugar y Direccion del Empleador: <u>338 Tobacco lane</u>			
4. Period of Employment: From <u>1-3-08</u> To <u>11-1-08</u>					4. Periodo de Empleo: Del <u>1-3-08</u> Al <u>11-1-08</u>			
5. Work Schedule: Hours per day <u>8</u> Days per week <u>5 1/2</u>					5. Horario del Trabajo: Horas por dia <u>8</u> Numero de dias por semana <u>5 1/2</u>			
6. Crop and Pay:					6. Cosecha y Pago:			
Crop	Hourly Wage	Unit of Production	Piece Rate	Estimated Hourly Wage	Cosecha	Sueldo por Hora	Unidad de Produccion	Pago por unidad
<u>tobacco</u>	<u>9<sup>02</sup></u>				<u>tobacco</u>	<u>9<sup>02</sup></u>		
					Calculo Anticipado del Sueldo por Hora _____			
					_____			
Notes:					Pago Adicional: _____			
Work tasks to be performed:					7. Labores a desempeñar en el trabajo:			
Regular: <u>PREPARE PLANT + PREPARE</u> <u>FIELDS FOR PLANTING</u> <u>TOBACCO</u> <u>HARVEST BY HAND</u>					Normales: <u>PREPARAR LAS CANAS, LA</u> <u>TIERRA plantar, cultivar, y</u> <u>PISCAR el TOBACCO a MANO</u>			
Alternate tasks and pay during first week in case of p delay (see item 12)					Labores alternativas y pago por la primera semana en caso de demora en la cosecha (vease punto numero 12):			
<u>PREPARE FIELDS + BARN</u> <u>moving STAKES from FIELDS</u> <u>PAIRING fences + OTHER</u> <u>relating work to the farm</u>					<u>PREPARAR LA TIERRA, LA granja</u> <u>limpiar LA LABOR, mantener</u> <u>LA cerca y cualquier otro</u> <u>Lab...</u>			

<p>8. Transportation provided: yes <input checked="" type="checkbox"/> no <input type="checkbox"/></p>	<p>8. Transportacion Proveida: si <input checked="" type="checkbox"/> no <input type="checkbox"/></p>																																
<p>9. Housing can accomodate _____ number of people individual <input checked="" type="checkbox"/> family <input type="checkbox"/></p>	<p>9. Viviendas disponibles para _____ persona individuos <input checked="" type="checkbox"/> familias <input type="checkbox"/></p>																																
<p>10. Meals: Provided: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>  If yes: Cost per day _____  Workers must do their own cooking yes <input checked="" type="checkbox"/> no <input type="checkbox"/></p>	<p>10. Comidas Proveidas: si <input type="checkbox"/> no <input checked="" type="checkbox"/>  Si son proveidas, el costo por dia sera _____  Los trabajadoras tienen que cocinar sus comidas si <input checked="" type="checkbox"/> no <input type="checkbox"/></p>																																
<p>11. Deductions:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Type</th> <th style="text-align: left; border-bottom: 1px solid black;">Amount</th> </tr> </thead> <tbody> <tr> <td>Social Security</td> <td><u>YES</u></td> </tr> <tr> <td>Income Tax</td> <td><u>YES</u></td> </tr> <tr> <td>Meals</td> <td><u>No</u></td> </tr> <tr> <td>Transportation</td> <td><u>No</u></td> </tr> <tr> <td>Tools &amp; Equipment</td> <td><u>No</u></td> </tr> <tr> <td>Crewleaders charges</td> <td><u>XX</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Type	Amount	Social Security	<u>YES</u>	Income Tax	<u>YES</u>	Meals	<u>No</u>	Transportation	<u>No</u>	Tools & Equipment	<u>No</u>	Crewleaders charges	<u>XX</u>	_____	_____	<p>11. Deducciones:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Clase</th> <th style="text-align: left; border-bottom: 1px solid black;">Cantidad</th> </tr> </thead> <tbody> <tr> <td>Seguro Social</td> <td><u>SI</u></td> </tr> <tr> <td>Impuestos Sobre Ingresos</td> <td><u>SI</u></td> </tr> <tr> <td>Comidas</td> <td><u>No</u></td> </tr> <tr> <td>Transportacion</td> <td><u>No</u></td> </tr> <tr> <td>Herramientas y Maquinarias</td> <td><u>No</u></td> </tr> <tr> <td>Sumas Cobradas por el Contratista de Trabajadores Agricolas</td> <td><u>XXX</u></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Clase	Cantidad	Seguro Social	<u>SI</u>	Impuestos Sobre Ingresos	<u>SI</u>	Comidas	<u>No</u>	Transportacion	<u>No</u>	Herramientas y Maquinarias	<u>No</u>	Sumas Cobradas por el Contratista de Trabajadores Agricolas	<u>XXX</u>	_____	_____
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<p>12. NOTES TO WORKER</p> <p>A copy of the full job order is available for inspection in this office.</p> <p>The employer has guaranteed your first week's wages unless he notifies the Job Service of a later starting date by <u>12-20-07</u>. In order for you to be eligible for this guarantee, you must contact the Job Service office at</p> <p style="text-align: center;"> <u>Virginia Employment Commission</u>  <u>910 N. Mecklenburg Avenue</u>  <u>PO Box 485</u>  <u>South Hill, VA 23970</u>  <u>Phone: 434-447-8700</u>  <u>Fax: 434-447-5842</u> </p> <p>during the period of <u>12-22-07 - 12-27-07</u> any Job Service office will assist you in doing this.</p>	<p>12. NOTAS PARA EL TRABAJADOR</p> <p>Una copia de la orden completa esta dispon en esta officina gara su inspeccion.</p> <p>El empleador ha garantinado al pago por su primera semana de empleo, a menos que el notifique al Servicio de Empleos que la fec de comenzar a trabajar sera atrasada, y 'que tal notificacion sea a mas tardar el <u>12-20-07</u>. Para que Ud. pueda ten derecho a esta garantia de pago, tendra que comunicarse cen la Oficina del Servicio de Empleos en el</p> <p style="text-align: center;"> <u>Virginia Employment Commission</u>  <u>910 N. Mecklenburg Avenue</u>  <u>PO Box 485</u>  <u>South Hill, VA 23970</u>  <u>Phone: 434-447-8700</u>  <u>Fax: 434-447-5842</u> </p> <p>durante el periodo del <u>12-22-07</u> al <u>12-27-07</u> Cualquier Oficina del Servicio de Empleos le asistira en hacerlo.</p>																																

***COMMUNITY SERVICES***

**MECKLENBURG COUNTY HEALTH DEPARTMENT**

**Boydton, VA 23917**

**Telephone: (434)738-6545**

**(434) 447-7636 – South Hill Residents Toll Free**

1. Protection: Environmental control of water, sewage, milk, rodents and vector control.
2. Prevention: Immunization, investigation of communicable disease, food poisoning, tuberculosis, venereal disease control
3. Home Health Services: Visiting nurse services
4. Clinic: X-ray, prenatal, immunization, pre-school clinics

**DEPARTMENT OF SOCIAL SERVICES**

**Boydton, VA**

**Telephone: (434) 738-6138**

**South Hill Residents Toll Free**

**(434 447-7636**

**EMERGENCY SERVICES**

**Southside Rescue Squad**

**South Hill, VA**

**Telephone: (434) 447-3226**

**FIRE DEPARTMENT**

**South Hill Fire Department**

**South Hill, VA**

**Telephone: (434) 447-3226**

**SHERIFF**

**Mecklenburg County Sheriff's Department – Emergency Only**

**Danny Fox, Sheriff**

**Boydton, VA**

**Telephone: Emergency Only**

**(434) 738-6171**

**Non Emergency -South Hill Residents Toll Free (434) 447-7636**

**VIRGINIA STATE POLICE**

**Highway 1, North, South Hill, VA**

**Telephone: (434) 447-4121**

**Toll Free: 800-553-3134**

**COMMUNITY MEMORIAL HOSPITAL**

**125 Buena Vista Circle**

**South Hill, VA 23970**

**Provides inpatient and outpatient emergency  
Care, emergency room service, surgery and  
Intensive care unit**

**THE VIRGINIA JUSTICE CENTER FOR FARM AND IMMIGRANT  
WORKERS**

**Tim Freilich – Managing Attorney**

**1000 Preston Avenue, Suite A**

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**Phone 434-977-0553**

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**Toll-free 800-578-8111**

**International 1-800-892-1751**